

CONSULAR SECTION
LUANDA, ANGOLA

US CITIZEN REGISTRATION FORM

| | | | |
|---|----------------|-----------------|--|
| ARRIVAL DATE : | | LENGTH OF STAY: | |
| NAME: | | PASSPORT #: | |
| ANGOLA HOME ADDRESS (INCLUDE BAIRRO/ZONE): | | HOME PHONE #: | |
| | | | |
| | | CELL PHONE #: | |
| | | | |
| COMPANY/ORGANIZATION: | EMAIL ADDRESS: | WORK PHONE: | |
| | | EXT.: | |
| INDICATE ROTATIONAL SCHEDULE, IF APPLICABLE : YES / NO | | EXT.: | |
| ACCOMPANYING FAMILY MEMBERS, IF APPLICABLE: | | | |
| SPOUSE : | | PASSPORT # : | |
| CHILD : | | PASSPORT # : | |
| CHILD : | | PASSPORT # : | |
| CHILD : | | PASSPORT # : | |

EMERGENCY CONTACT IN THE US OR ELSEWHERE:

| | |
|---------------|---------------|
| NAME: | RELATIONSHIP: |
| ADDRESS: | |
| | |
| | |
| EMAIL: | |
| HOME PHONE #: | |
| | |
| WORK PHONE #: | |
| | |

OTHER
INFORMATION: _____

PLEASE ATTACH A COPY OF THE PHOTO/DATA PAGE OF YOUR PASSPORT AND A COPY OF YOUR
ANGOLAN VISA.

THANK YOU